



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Frenulotomy/Frenuloplasty for Ankyloglossia

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Coverage Policy Number 0112

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Hyperlink to Related Coverage Policies

[Speech/Language Therapy](#)

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Coverage Policy

CIGNA covers frenulotomy/frenuloplasty as medically necessary when ankyloglossia (tongue-tie) is causing EITHER of the following:

- breast-feeding difficulties in a newborn
- significant articulation problems in a child directly attributable to an inability to touch the anterior upper dentition with the tongue tip

General Background

Ankyloglossia, or tongue-tie, is a congenital condition that exists in newborns and children when the inferior lingual frenulum is too short and is attached to the tip of the tongue, limiting its normal movements. This process occurs during the first six months to five years of life. Otolaryngologists, oral surgeons, pediatricians, speech pathologists and lactation consultants have different opinions regarding the various aspects of ankyloglossia.

Ankyloglossia is diagnosed when a patient cannot protrude their tongue tip past the incisional edge of the lower gingiva. When the patient attempts to do so, the tip of the tongue becomes heart-shaped and remains behind the lower gum edge. When the mouth is open, it is impossible for the patient to touch the roof of their mouth with the tip of the tongue. Ankyloglossia is defined as complete if there is a total fusion between the tongue and the floor of the mouth, or partial if it arises from a short lingual frenulum. This condition can impair the normal

mobility of the tongue and interfere with speech or newborn feeding. If the tongue tip can touch the anterior upper dentition, mobility is adequate for the development of normal speech. Various methods have been suggested to diagnose, evaluate and treat ankyloglossia. A quantitative tool used to assess the severity of ankyloglossia in breast-feeding newborns is the Assessment Tool for Lingual Frenulum Function (ATLFF).

Ankyloglossia is not a cause of speech delay. Speech difficulties secondary to ankyloglossia are rare. Children with ankyloglossia are expected to acquire speech and language at a normal rate, although some may experience articulation difficulties for certain speech sounds. In a patient with articulation difficulty due to ankyloglossia, coexisting speech delay should be evaluated carefully for other causes for speech delay. Such a patient should be directed for other evaluations such as audiologic, speech/language, or neurodevelopmental assessments. Surgical repair may be considered once the child has been fully evaluated.

Ankyloglossia has more of an effect on breast-feeding as compared to bottle-feeding because of the relative difference in tongue movements with these two types of feeding methods. An infant with ankyloglossia may have difficulty latching while breast-feeding, resulting in inadequate milk transfer and maternal nipple pain.

In many children, ankyloglossia is asymptomatic, and the condition may resolve spontaneously. However, some infants and children may benefit from surgical intervention of a frenulectomy or frenuloplasty in situations where the inferior lingual frenulum significantly impedes tongue excursion.

Frenulectomy (i.e., frenotomy), also termed "clipping" of the frenulum, is the most appropriate procedure for the treatment of partial ankyloglossia in infants because it is rapid and easy to accomplish. The procedure may be performed at the bedside in the newborn nursery, or in the office with local or no anesthesia. Postoperative scarring may further limit tongue movement.

Frenuloplasty is the preferred procedure for most patients over two years old because it allows for more complete release of the tongue-tie. Also, because a plastic closure is performed, the chance of recurrent ankyloglossia is reduced. In young children, the procedure is performed using a brief general anesthetic, whereas in older children and adults, it may be accomplished in a clinic using a local anesthetic.

Other surgical approaches include the Z-plasty method, to avoid further restriction of tongue movement, and the four-flap Z-plasty.

Literature Review

Although the evidence supporting the surgical release of the frenulum comes from mainly observational and case series reports and limited controlled studies, surgical release of the frenulum has become the standard of care for a subset of individuals including newborns with breast-feeding difficulties and children with significant articulation problems attributable to an inability to touch the anterior upper dentition with the tongue tip (Miranda, et al., 2010; Geddes, et al., 2008; Dollberg, et al., 2006; Hogan, et al, 2005; Ricke, et al., 2005; Griffiths, 2004; Messner, et al., 2002; Messner, et al., 2000).

In 2005, the National Institute for Health and Clinical Excellence (NICE) published an Interventional Procedure Guidance document on division of ankyloglossia (i.e., tongue-tie) for breast-feeding. The authors concluded that the current evidence suggests there are no major safety concerns with division of ankyloglossia, and limited evidence suggests the procedure can improve breast-feeding. The authors suggest additional controlled trials on the effect of the procedure on long-term breast-feeding are needed. Also, division of ankyloglossia should be performed by properly trained, registered healthcare professionals.

Professional Societies/Organizations

The American Academy of Pediatric Dentistry (AAPD) 2008-2009 guideline on pediatric oral surgery states, "the significance and management of ankyloglossia are very controversial. Studies have shown a difference in treatment recommendations among speech pathologists, pediatricians, otolaryngologists, and lactation specialists. Most professionals, however, will agree that there are certain indications for frenectomy. A short lingual frenum can inhibit tongue movement and create deglutition problems. Frenectomy for functional problems should be considered on an individual basis. If evaluation shows that function will be improved by surgery, treatment should be considered. Ankyloglossia also can lead to problems with breast-feeding, speech pathology, malocclusion, and periodontal health."

The American Academy of Pediatrics' (AAP) policy statement on breast-feeding and the use of human milk recommend breast-feeding as the ideal method of feeding and nurturing infants and recognizes breast-feeding as primary in achieving optimal infant and child health, growth, and development (Gartner, et al., 2005). This policy statement does not mention ankyloglossia.

Summary

The peer-reviewed medical literature available to assess the treatment of ankyloglossia is limited to case reports or observational studies with few randomized clinical trials. A significant percentage of children with ankyloglossia may experience feeding, speech, and social/mechanical difficulties related to reduced tongue mobility. The published medical literature suggests surgical release of the frenulum is a safe and efficacious procedure, typically resulting in improvement in tongue mobility and speech articulation.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT ^{®*} Codes	Description
40806	Incision of labial frenum (frenotomy)
41010	Incision of lingual frenum (frenotomy)
41520	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)

HCPCS Codes	Description
D7960	Frenulectomy (frenectomy or frenotomy)- separate procedure
D7963	Frenuloplasty

ICD-9-CM Diagnosis Codes	Description
750.0	Tongue-tie (ankyloglossia)

Not Medically Necessary/Not Covered:

ICD-9-CM Diagnosis Codes	Description
	All other codes

*Current Procedural Terminology (CPT[®]) © 2010 American Medical Association: Chicago, IL.

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Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	7/15/2007	0112	Frenulectomy/Frenuloplasty for Ankyloglossia

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